Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN **APPLICATION DATA SHEET (37 CFR 1.76)**

As the below named inventor(s), I/we declare that:							
This declaration is directed to:							
	The attached application, or						
		, filed on,					
	as amended on	(if applicable);					
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;							
I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;							
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and							
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.							
FULL NAME OF INVENTOR(S)							
Inventor one:	Omid McDONALD						
Signature:	D	Citizen of: Canada					
Inventor two:	Philip PAINTER						
Signature:	Philip Painter	Citizen of: Canada					
Inventor three:	David McDonald						
Signature:	David R M. Donald	Citizen of: Canada					
Inventor four:							
Signature:		Citizen of:					
Additional invento	ors are being named on a	additional form(s) attached hereto.					

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1 14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Omid McDONALD
Title	IDENTIFYING CHANGED RECORDS IN A FILE STORED ON AN ELECTRONIC TOKEN
Group Art Unit	
Examiner Name	
Attorney Docket Number	9-15504-1US

forms if more than one signature is required, see below*.	I hereby appoint:									
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. Please Customer Number. OR Practitioners at Customer Number. OGILVY RENAULT Address 1981 McGill College Avenue Address Suite 1600 City Montreal State Quebec Zip H3A 2Y3 Country Canada Telephone 1 am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISB/96). SIGNATURE of Applicant or Assignee of Record Name Omid McDONALD Philip PAINTER David McDONALD Signature Date Nov: / 01 15 Nov: / 01 15 Nov: / 01 Not: Signatures of all the inventors or assignees of record of the entire interests or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	OR	—— → N	lumber Bar Code							
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number OR Place Customer Number Bar Code Label here Address 1981 McGill College Avenue Address Suite 1600 City Montreal State Quebec Zip H3A 2Y3 Country Canada Telephone 613-230-6072 Fax 613-230-6706 I am the: Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Omid McDONALD Philip PAINTER David McDONALD Signature Date Nov./01 15 Nov./01 Nov./01 15 Nov./01 Note: Signatures of all the inventors or assignees of record of the entire interests or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.										
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number OR OGILVY RENAULT Address 1981 McGill College Avenue Address Suite 1600 City Montreal Country Canada Telephone 1 am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Omid McDONALD Philip PAINTER David McDONALD Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Name Name					Registration Number				
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number OR Practitioners at Customer Number OR Firm or Individual Name Address 1981 McGill College Avenue Address Suite 1600 City Montreal Country Canada Telephone 1 am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Omid McDONALD Philip PAINTER David McDONALD Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			, va = 400							
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number OR Practitioners at Customer Number OR Firm or Individual Name Address 1981 McGill College Avenue Address Suite 1600 City Montreal Country Canada Telephone 1 am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Omid McDONALD Philip PAINTER David McDONALD Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.										
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number OR Practitioners at Customer Number OR Firm or Individual Name Address 1981 McGill College Avenue Address Suite 1600 City Montreal Country Canada Telephone 1 am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Omid McDONALD Philip PAINTER David McDONALD Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.										
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number OR Practitioners at Customer Number OR Firm or Individual Name Address 1981 McGill College Avenue Address Suite 1600 City Montreal Country Canada Telephone 1 am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Omid McDONALD Philip PAINTER David McDONALD Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.										
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number OR Practitioners at Customer Number OR Pilace Customer Number Bar Code Label here Address 1981 McGill College Avenue Address Suite 1600 City Montreal State Quebec Zip H3A 2Y3 Country Canada Telephone 613-230-6072 Fax 613-230-6706 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Omid McDONALD Philip PAINTER David McDONALD Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.										
The above-mentioned Customer Number. OR Practitioners at Customer Number OR OGILVY RENAULT Address 1981 McGill College Avenue Address Suite 1600 City Montreal State Quebec Zip H3A 2Y3 Country Canada Telephone 613-230-6072 Fax 613-230-6706 I am the: Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISB/96). SIGNATURE of Applicant or Assignee of Record Name Omid McDONALD Philip PAINTER David McDONALD Signature Date Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.										
Practitioners at Customer Number Practitioners at Customer Number Bar Code Label here Practitioners at Customer Number Bar Code Label here OGILVY RENAULT Address 1981 McGill College Avenue Address Suite 1600 City Montreal Country Canada Telephone 613-230-6072 Fax 613-230-6706 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Omid McDONALD Philip PAINTER David McDONALD Signature Date Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.										
Practitioners at Cusuliner Number Label here										
Firm or Individual Name OGILVY RENAULT Address 1981 McGill College Avenue Address Suite 1600 City Montreal State Quebec Zip H3A 2Y3 Country Canada Telephone 613-230-6072 Fax 613-230-6706 I am the: Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Omid McDONALD Philip PAINTER David McDONALD Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Practitioner	Practitioners at Customer Number Numb								
Address 1981 McGill College Avenue Address Suite 1600 City Montreal State Quebec Zip H3A 2Y3 Country Canada Telephone 613-230-6072 Fax 613-230-6706 I am the: Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Omid McDONALD Philip PAINTER David McDONALD Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	OR Label here									
Address Suite 1600 City Montreal State Quebec Zip H3A 2Y3 Country Canada Telephone 613-230-6072 Fax 613-230-6706 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Omid McDONALD Philip PAINTER David McDONALD Signature Date NOV 5 Avo 15 Nov/01 15 Nov/01 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	1.21 INTILVY RENAINT									
Country Canada Telephone 613-230-6072 Fax 613-230-6706 I am the: Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Omid McDONALD Philip PAINTER David McDONALD Signature Date NOV 5 / 200 15 Nov/01 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Address 1981 McGill College Avenue									
Telephone 613-230-6072 Fax 613-230-6706 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Omid McDONALD Philip PAINTER David McDONALD Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Address									
Telephone 613-230-6072 Fax 613-230-6706 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Omid McDONALD Philip PAINTER David McDONALD Signature Date Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	City				State	Quebec Zip H3A 2Y3				
Applicant/Inventor.	Country					*****				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Omid McDONALD Philip PAINTER David McDONALD Signature Date NOV 5 Nov 01 15 Nov	Telephone		613-230-6072		Fax	613-230-670	13-230-6706			
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Omid McDONALD Philip PAINTER David McDONALD Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	l am the:									
SIGNATURE of Applicant or Assignee of Record Name Omid McDONALD Philip PAINTER David McDONALD Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	🗷 Applican	Applicant/Inventor.								
SIGNATURE of Applicant or Assignee of Record Name Omid McDONALD Philip PAINTER David McDONALD Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Assistance of accord of the outing interest Cop 27 OFD 2.74									
Name Omid McDONALD Philip PAINTER David McDONALD Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.										
Signature Date Date	SIGNATURE of Applicant or Assignee of Record									
Date Date Down 15 Nov	Name	Omid I	McDONALD	Philip PAINTER	₹	David	d McDONALD			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Signature	0		The John	les		of Rry Toulf			
forms if more than one signature is required, see below*.		Vav 5/2001 /15 Nov/01 15 Nov/01								
	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.									
🖾 *Total of1forms are submitted.										

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.